Building Permit Middletown Building Department

Phone: (860) 638-4870 Fax: (860) 638-1970

Application Date (CHECK ALL THAT APPLY) Building Electric Permit Plumbing Permit Per	Applica	41 D 4				
Building Permit Plumbing HVAC Permit Demolition Permit Olive Permit Demolition Permit Demolition Permit Demolition Permit Demolition Permit Demolition Permit Demolition Demolit	Application Date					Permit Number
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Contractor's License # # of Dwelling Units	_	Electric Permit	_	HVAC Permit		City Owned
Contractor's License # # of Dwelling Units						
Contractor's License # # of Dwelling Units	dress of Pro	posed Work				
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Applicant's Information (Mailing information) Name/Business Address City, State, Zip Phone Fax Applicant & Home Owner's Ema Property Owner's Information (If different from Applicant) Name Address City, State, Zip To: Dean Lisitano, Chief Building Official Date: Permit Number: Location: This letter is to authorize the following person(s) or company to act as agent(s) on behalf of owner(s) to obtain permit under Connecticut Contractors license or registration number Authorized person(s): Print Name Signature Company Name Address City, State, Zip Owner's Information:	mit Descrip	otion				
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